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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SENCo to complete and return to the Local Authority and all attendees within 10 school days of the meeting.** | | | | | | | | | | |
| Date of Meeting | | |  | | | | | | | |
| Name of pupil / student | | |  | | | | Date of Birth | |  | |
| Year Group | |  | |
| School / Provision | | |  | | | | | | | |
| Date of EHC Plan | | |  | | | | | | | |
| Date of Review | | |  | | | | | | | |
| Is this a phased transfer? (please tick) | | | | | | | | | | |
| Nursery |  | Primary | |  | Secondary |  | | Post 16 | |  |
|  | | Year 6 | |  | KS3 | KS4 | |  | | |

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| Recommendation to the LA | | | | | |
| Is the current placement still suitable? | | Yes |  | No |  |
| If not, please explain reasons |  | | | | |
| Change of funding should be considered | | Yes |  | No |  |
| Amend EHC Plan  Maintain EHC Plan (no changes will be made if you tick this box following this Annual Review)  Cease EHC plan | | Yes |  | No |  |
| **Is this a Year 9 or above review and does the young person has a learning disability should their GP be alerted to the need to arrange a health check?**  If yes, please send a copy of the annual review and EHCP to the health email address - [**nem-tr.wfhealthehc@nhs.net**](mailto:nem-tr.wfhealthehc@nhs.net) | |  |  |  |  |
| Is there professional advice detailing changes to the special educational, health and social care needs in the EHC Plan | | Yes |  | No |  |
|  |  |  |  |
| Outline of changes: | | | | | |
| Are amendments needed to the provision? | | Yes |  | No |  |
| Is there profession advice recommending changes to the special educational, health and social care provision as listed in the EHC plan? | | Yes |  | No |  |
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| **Advance Reports** | | | |
| List of Reports sent out in advance of review meetings |  | | |
| Date Reports Sent |  | | |
| List of people involved |  | | |
| **Personal Budget** |  | **Change of Placement Request** |  |

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| **Contact Details** | | | | | | | | |
| Parent / Carer(s) Names |  | | | | | | | |
| Parent / Carer(s) address |  | | | | | | | |
| Parent / Carer(s) contact numbers | Home | |  | | | Home |  | |
| Mobile | |  | | | Mobile |  | |
| Parent / Carer(s) email address/s | Email 1 | |  | | | | | |
| Email 2 | |  | | | | | |
| **Child Looked After? (LAC)** | **Yes** |  | **No** |  | If yes, which local authority? | | |  |

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| **Annual Review Meeting Attendees** | | | | | |
| Name | Role | | Attended | Apologies | Report provided |
|  | Child / Young Person | |  |  |  |
|  | Parents / Carers | |  |  |  |
|  | SENCo  (must be named) | |  |  |  |
|  | SEN Case Officer  (must be named) | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
| **Children / Young Person's Special Educational Need(s)** | | | | | |
| Primary Need | |  | | | |
| Secondary Need | |  | | | |
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| **Changed from last PCR** | | | |
| *Where detailed amendments to the wording of the plan are recommended, these are best recorded on a photocopy of the current plan or can be typed into the word version of the plan with clear guidance on what is needed to be deleted (crossed through) or added (in bold and coloured)* | | | |
| **Changes to personal details and / or contact details** | | Yes | No |
| **Are significant amendments to the EHC Plan recommended?**  Significant changes are additional to and/or different from that which has already been identified.  ***If yes, please specify which sections require amendments below*** | | Yes | No |
| **Section A** | Significant changes to the views, interests and aspirations in the All About Me / My History | Yes | No |
| **Section B** | Significant changes in the young person’s special educational needs | Yes | No |
| **Section C** | Significant changes in the young person’s health needs related to SEN | Yes | No |
| **Section D** | Significant changes in the young person’s social care needs related to SEN | Yes | No |
| **Section E** | Significant changes in the outcomes that have been identified for the young person | Yes | No |
| **Section F** | Significant changes in the special educational provision that the person requires to achieve their outcomes | Yes | No |
| **Section G** | Significant changes in the young person’s health provision | Yes | No |
| **Section H** | Significant changes in the young person’s social care provision | Yes | No |
| **Section I** | The School / setting remains appropriate and can meet needs | Yes | No |
| A change of school/setting is anticipated because the young person’s needs have changed | | Yes | No |
| A change of school / setting is anticipated because the young person is approaching transfer to next phase | | Yes | No |
| **Section J** | Significant changes to Personal Budgets arrangement | Yes | No |
| It is recommended that the Local Authority should cease to maintain the EHC Plan and parents are in agreement | | Yes | No |

**If current attendance is below 90%, detail reasons and steps taken under 'Discussion notes'**

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| Exclusions: Please include any and all instances. Please attach with the review document any relevant documents: e.g. incident reports | | | | |
| Type | Dates | Reasons | Date of reintegration meeting (if relevant) | Work provided? |
| Fixed |  |  |  |  |
| Internal |  |  |  |  |
| Informal |  |  |  |  |
| Reduced Timetable |  |  |  |  |

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| **Details of significant events (since last review)** e.g. family circumstances, medical diagnosis, school incidents | | |
| Date | Event | Comments |
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| **Discussion Notes:** Brief summary, might include: general overview of progress, further details on impact of events described in "Chronology of significant events", any other social, emotional, behavioural development since the last review | | | | | | | | | | | | | | | | |
| **informed** | | | | | | | | | | | | | | | | |
| **Review of Outcomes of the EHCP** | | | | | | | | | | |  | | | | | |
| **Outcomes**  As outlined in the EHCP | | | | **Achieved** | | | | **Ongoing** | | | **Year action plan to achieve ongoing outcomes** | | | | | |
| Yes | Partial | No | | Yes | | No |
| **Cognition & Learning/ Be Ambitious and enable young people to reach meaningful occupation and/or employment** | | | |  |  |  | |  | |  |  | | | | | |
| **Communication and interaction/Feel connected within their community:** | | | |  |  |  | |  | |  |  | | | | | |
| **Social and Emotional, Mental Health/ Be Resilient and Independent:** | | | |  |  |  | |  | |  |  | | | | | |
| **Physical and sensory/ To be as healthy as possible in adult life** | | | |  |  |  | |  | |  |  | | | | | |
| Suggested new SMART outcome(s) and steps where current outcomes have been achieved/are longer relevant | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Upcoming Transition: Must be completed where C/YP is in a key phase transition year** | | | | | | | | | | | | | | | | | |
| **Next Transition Phase** | | | | | | | | | | | | | | | | | |
| Nursery to Reception | |  | Infant to Junior | | | | |  | | Primary to Secondary | | | | |  | Post 16 / Post 19 |  |
| Date of proposed transition | | |  | | | | | | | | | | | | | | |
| Preferred Placement(s) | | | Person's view on the choices | | | | | | | | | | | | | | |
| Choice 1 | | |  | | | | | | | | | |  | | | | |
| Choice 2 | | |  | | | | | | | | | |  | | | | |
| Choice 3 | | |  | | | | | | | | | |  | | | | |
| **Provision Review** | | | | | | | | | | | | | | | | | |
| **Existing provision** | | | | **What is going well / Even better if…** | | | | | | | | | | **Changes Required** | | | |
| **Cognition & Learning/ Be Ambitious and enable young people to reach meaningful occupation and/or employment** | | | |  | | | | | | | | | |  | | | |
| **Communication and interaction/Feel connected within their community:** | | | |  | | | | | | | | | |  | | | |
| **Social and Emotional, Mental Health/ Be Resilient and Independent:** | | | |  | | | | | | | | | |  | | | |
| **Physical and sensory/ To be as healthy as possible in adult life** | | | |  | | | | | | | | | |  | | | |
| **New provision** | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | |  | | | |
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| **Children and Young Persons Views** (completed by the Chair) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |

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| **Parental Views** (completed by the Chair) |
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| --- |
| **Professional Views** (completed by the Chair) |
|  |

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| --- | --- |
| Are you requesting a Personal Budget? | |
| Reason for Request | Evidence |
|  |  |

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| --- | --- | --- | --- | --- | --- |
| Recommendation to the LA | | | | | |
| Is the current placement still suitable? | | Yes |  | No |  |
| If not, please explain reasons |  | | | | |
| Change of funding should be considered | | Yes |  | No |  |
| Has there been a significant change in needs? | | Yes |  | No |  |
|  | |  |  |  |  |
| **Attached documentation: please tick as relevant** | | | | | |
| * C/YP's views (All About Me) | | | | |  |
| * Parents' views | | | | |  |
| * Education advice | | | | |  |
| * Health advice (SALT, CAMHS, OT, Physio, Medical, School Nurse) | | | | |  |
| * Social care advice | | | | |  |
| * Any other views (SEND success, VI, HI): | | | | |  |
| * Copy of proposed amended EHCP | | | | |  |
| * New provision map | | | | |  |

Difference between Learning Difficulty and Learning Disability

Distinguishing between learning difficulties and learning disabilities is quite a complex issue. As a general guide, a learning difficulty does not significantly impair a person’s general intelligence e.g. Dyspraxia, Dyslexia. A learning disability is a significant lifelong cognitive impairment which debilitates to the extent that the person needs help to understand information, learn skills or cope independently.

Does the person have a learning disability?

**Factors which MAY indicate a learning disability**

A significantly reduced ability to understand new or complex information or to learn new skills (impaired intelligence).

A reduced ability to cope independently (impaired social functioning).

Onset of disability started before adulthood (18) with a lasting effect on development.

Record of delayed development (key milestones e.g. speech, motor skills) or difficulties with social functioning and daily/independent living before age 18.

Significant impairment of an/or intellectual functioning such as having an IQ below 70.

Significant impairment of adaptive and/or social functioning.

A range of information presenting a picture of difficulties experienced in a number of areas of function.

**Factors which may indicate NO learning disability**

The person gained qualifications (GCSE etc.)

The person can complete complex purchases (e.g. buying a house)

The person had a normal development pattern up to age 18.

The person can read a novel or newspaper.

The person is able to drive a car.

This is an accurate record of the PCR / Annual EHC Plan Review meeting

|  |  |
| --- | --- |
| Name: | Signature |
| Position / Designation |

If you are requesting any amendments to the EHC Plan, please ask the parent/s to sign below to indicate that they agree with the request. If parents wish an amendment to be made that is not being recommended by the School or by a professional, please attach a signed copy of their recommendations:

|  |  |
| --- | --- |
| Parental / Young Person's signature |  |
| Date |  |

* A copy of this completed report should be returned to XXX@walthamforest.gov.uk or the allocated SEN Case Officer no later than 10 days after the review meeting, or at the end of that time, whichever is earlier.
* Copies of the completed report should also be sent to the parents / young person and all relevant professionals